

<p style="text-align: center;">Regulation & Policy/Resource Management/Communications EMSSTAR Workgroup – Meeting Notes</p>

July 21st, 2005, 9:00 – 12:00 pm
Maine Emergency Medical Services Office
500 Civic Center Drive
Augusta, Maine

Present:

1. David Stuchiner, MD, Auburn
2. Donnie Carroll, Southern Maine EMS
3. Carol Pillsbury, EMT-P, NorthStar Ambulance
4. Jay Brashaw, Maine EMS
5. Tim Beals, Delta Ambulance
6. Ron Jones, Westbrook MES
7. Chief Wayne Werts, EMT-P, Auburn Fire Dept
8. Alan Douglass, RN, EMT-P, Phippsburg Fire Department
9. Rob Tarbox, EMT-P, PACE Ambulance

Not Present:

1. Paul Conley, EMT-P, Freeport
2. Joanne LeBrun, Tri County EMS
3. Chief Jeff Cammack, Bangor Fire Department
4. Rory Putnam, Falmouth Fire/EMS
5. Steve Leach; Board of EMS/MCEMS/Augusta FD

1. Review/Approval of Notes from 6/16 meeting

- a. 6/16 meeting notes were approved with the following changes:
 - i. Penelope Kneeland will not participating with this group
 - ii. Alan Douglass is from Phippsburg; not Bath
- b. Housekeeping: Group requested a test email be sent out to the entire list's email addresses to insure everyone is receiving correspondence.

2. Discuss and reach consensus on EMS Core Function list

A general discussion was held by all attendees regarding the Core Functions of the EMS system in Maine. These discussions were used to develop the 6 Core Function categories.

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| <ol style="list-style-type: none"><i>1. System-Wide Oversight & Policy formation Function</i><i>2. Oversight/Formation of Medical Protocols & Policies Function</i><i>3. EMS Administrative, Regulatory and Coordinating Function</i><i>4. Quality Assurance and Quality Improvement Function</i><i>5. Education and Accreditation Function</i><i>6. Public Education/Public Relations Function</i> |
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The following are some of the comments made during the discussion on EMS Core Functions.

a. Maine EMS board responsibilities

- i. Concerns expressed that the EMS system seems to be addressing the same issues from 10-12 years ago.
- ii. Questioned what is the constituent make up of the EMS board is technically suppose to be (Jay mentioned it is in the statute). Expressed concerns with the current “make up” of the board.
- iii. Are there functions that the EMS Board should be performing that it is not? Is the EMS board overloaded with things it shouldn’t be doing? Why was the EMS Board established in the beginning?
- iv. Expressed the need for clarification of EMS board functions
- v. Would it be possible to have the EMS Board set forth regulations through sub committees? For example, should their be a Legislative committee formed that can bring clearer focus to what actions the EMS Board is taking or should be taking?
- vi. There seems to be times when the board is unengaged and not involved enough with what is going on at the staff level
- vii. Some expressed concern that the EMS Board should be focused on larger policy issues, advocacy issues while letting the staff take charge of other issues where fit.
- viii. Some expressed concern that the EMS Board is populated by individuals that are far removed from the expertise for which they are making recommendations.
- ix. One member expressed the need to have the committee members act as “experts” on topics that he may not understand but will still need to make a decision on.
- x. There is a perception that the board is “overwhelmed” because they aren’t in the EMS field everyday and may not have a secure handle on what is really going on.
- xi. The EMS board meets once a month for an hour +/- (17 total members and 6 involved in the EMSSTAR workgroups.) Some feel the board is not as engaged as they should be.
- xii. It was suggested that the workgroup starts with the definition of what the EMS Board “should” be doing THEN design the board and populate with the correct make up
- xiii. It was mentioned that the EMS Board was originally set up as an advisory board and not a regulatory board. The board’s responsibilities have changed into a more regulatory board, however, the composition of the board has not evolved with those changes
- xiv. Group agrees that this issue, the EMS board, the functions is performs and it’s make up is a “core function” that should be dealt with. Agreed that there will need to be an overall need for a board

or oversight group to oversee the EMS system however, it may need to be charged with two separate areas; regulatory and advisory

b. MDPB and Practice, protocols and policy function

- i. Should there be a full time State Medical Director?
- ii. Should the MDPB and the EMS Board work together? How do they work together?
- iii. What are the functions of the MDPB? Advisory? Regulation?
- iv. What is the relationship to the EMS system and the EMS board
- v. Is the role solely Policy issues?
- vi. Are there conflicts of interest within the MDPB members?
- vii. Should EMS board be the ruling board and all other boards looking to it for guidance?
- viii. Some felt that the Core Function should really be the oversight of the medical protocols and policy.

c. Maine EMS Central Administration and regulatory function

- i. Funding and staffing is too limited for the amount of responsibility with which they are charged.
- ii. Staff carries out the approved intentions of the EMS board. Developing curriculum, establishing standards for training, acting as liaison for other state agencies and organizations, regulatory/inspection/licenses functions. Ultimately the board and its staff is responsible for testing administration of the regions, quality assurance oversight. Coordination with the overall EMS system and its interaction with the rest of the state and the nation.
- iii. Some felt the need to look at the change/evolution of the chain of command, workflow and management flow
- iv. Should the workgroup design what they want without looking at what is currently being done?

d. Regional offices/councils

- i. Education is a primary function. Public education, EMT/EMTI/EMTP, continuing education. Can community colleges provide this education with oversight by Maine EMS?
- ii. Some feel that public relations and public education should be a separate core function
- iii. Is interfacing with hospitals a key regional function?
- iv. Some feel that oversight testing can be a part of central administration and licensing.
- v. QA/QI is performed at the regional level, however, some are concerned that it's not being done well

- vi. The regions with limited time and resources are hurt by the under representation of those regions

3. Core Function Assignments

Facilitator Hinsey will summarize all 6 Core Function statements that were discussed by the group and construction Core Function assignment sheets that each Group member MUST complete BEFORE the next meeting. The Core Function Sheets list out the "What" for each Core Function area – the group is charged with completing the "Who," "Where," & "How" sections for each Core Function category.

(See Core Function assignment sheets at the end of these notes.)

4. Next meeting

- a. Housekeeping
 - i. How the group would like to deal with group members who miss a number of meetings.
- b. Next Meeting:
 - i. August 18th from 9 am – 12 pm at the Maine Emergency Medical Services Office in Augusta.
 - ii. Will finalize EMS Core Function discussion consensus work. – all members of group MUST be prepared – Must have completed the Core Function assignment sheets.

Functions of an Effective EMS system for Maine:

1. System-Wide Oversight & Policy formation Function

WHAT:

For an effective state-wide EMS system, an oversight and policy-making authority (such as a State-wide Committee or Board) must be established to have the primary responsibility for directing the overall function and mission of the EMS system. This authority will be responsible for setting the standards needed to ensure that consistent and acceptable EMS services are delivered throughout the state.

WHO:

WHERE:

HOW:

2. Oversight and Formation of Medical Protocols and Policies Function

WHAT:

For an effective state-wide EMS system, an authority (such as a state-wide Committee or Board) must be established to have the primary responsibility for setting and monitoring standard protocols and policies that will guide & direct the appropriate delivery of medical services and treatments that are administered throughout the state-wide EMS system

WHO:

WHERE:

HOW:

3. EMS Administrative, Regulatory and Coordinating Function

WHAT:

For an effective state-wide EMS system, a centralized authority (such as a centralized state agency) must be established to have the primary responsibility for managing the administrative functions of the EMS system (budgeting, interface with Legislature, coordination with other agencies/jurisdictions, a clearinghouse for information for service providers and the public, etc.) as well as being primarily responsible for the regulatory functions (licensing, certification, investigation, inspections) needed to ensure that a consistent and acceptable minimum level of EMS services are delivered throughout the state.

WHO:

WHERE:

HOW:

4. Quality Assurance and Quality Improvement Function

WHAT:

For an effective state-wide EMS system, a coordinated Quality Assurance and Quality Improvement system and procedures must be established, monitored and enforced to ensure that a consistent and acceptable minimum level of EMS services are delivered throughout the state.

WHO:

WHERE:

HOW:

5. Education and Accreditation Function

WHAT:

For an effective state-wide EMS system, service providers and administrators must receive the training and education required to allow them to deliver a consistent and acceptable minimum level of EMS services throughout the state. The education and training provided to EMS service providers and administrators must be accredited by meeting or exceeding the standards set by the oversight authority of the EMS system (see Function #1).

WHO:

WHERE:

HOW:

6. Public Education/Public Relations Function

WHAT:

For an effective state-wide EMS system, the public must be educated and informed about the core functions of the EMS system. Plus, an effective Public Relations strategy and approach must be developed and delivered to ensure that the EMS system receives the understanding and support it needs from the public to deliver a consistent and acceptable minimum level of EMS services throughout the state.

WHO:

WHERE:

HOW: